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Chronic CAD/Stable Ischemic Heart Disease

EVEROLIMUS-ELUTING VERSUS SIROLIMUS-ELUTING STENTS: AN UPDATED META-ANALYSIS OF RANDOMIZED TRIALS

ACC Moderated Poster Contributions
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Session Title: DES vs. BMS: Do We Have the Answer?
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Background: Everolimus-eluting stents (EES) are among the most commonly used second-generation drug-eluting stents in clinical practice and have clearly-proven superiority over paclitaxel-eluting stents. Nevertheless, the relative merits of EES against the previous gold-standard sirolimus-eluting stent (SES) have been less extensively assessed. We aimed to compare the clinical outcomes of EES with SES in patients undergoing percutaneous coronary intervention.

Methods and Results: We identified 8 eligible randomized trials comparing EES with SES including 11,167 patients. The primary endpoint was the incidence of major adverse cardiac events (MACE). Secondary endpoints were target lesion revascularization (TLR) and the composite of definite and probable stent thrombosis. No heterogeneity across the trials was observed regarding the endpoints. There was no difference in risk of MACE (HR, 0.91 [0.79 to 1.04]; p=0.15), TLR (HR, 0.86 [0.72 to 1.04]; p=0.12) and the composite of definite and probable stent thrombosis (HR, 0.84 [0.54 to 1.29], p=0.42). The risk of definite stent thrombosis was significantly lower in patients receiving EES (HR, 0.49 [0.27 to 0.91], p=0.02).

Conclusions: Using the largest available dataset of patients treated in randomized trials the present meta-analysis demonstrated that the use of EES versus SES was associated with comparable incidence of overall clinical events. However, EES may be associated with a lower risk of definite stent thrombosis.